

C

PLEASE TYPE OR PRINT

☐ Ms.

☒ Mr. Artist MICHAEL R. MAYOCK
(Last Name Last)

Permanent Address 139 Cherry St KENT
Street City

44240 Tel. (216) 678-0556
Zip Area Code

Temporary Address _____
Street City

Tel. () _____

Zip Area Code

Permanent address is in what county? PORTAGE

Born in Cuyahoga County ☒ Yes ☐ No

Collaborator _____
(If Any)

If entries are not accepted or not sold:

☒ Artist will pick up entries at Museum.

☐ Museum should dispose of entries.

☐ Museum should ship entries to artist C.O.D. at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Michael R. Mayock

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
ENTRY ONE ☐ 4. Sculpture ☒ 5. Electric ☐ 6. Crafts

Medium or Materials

mixed media

Title

THE BRAIN

Price or NFS

Insurance Value
If NFS Only

Size

\$950.00

19½" x 12" x 12"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional
No. For Sale

Total No.
in Edition

Price
Unframed

Price
of Frames

Additional
No. of Frames
For Sale

DO NOT WRITE IN THIS SECTION

1

(5)

ACCEPTED



REJECTED

FEE PAID

BY

PAID MAR

17 1973

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
ENTRY TWO ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

Title

Price or NFS

Insurance Value
If NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional
No. For Sale

Total No.
in Edition

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Unframed

Price
of Frames

Additional
No. of Frames
For Sale

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RECEIVED

BY

DO NOT DETACH

1973 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	MICHAEL R. MAYOCK	
Address	139 Cherry St #19	
City & State	KENT OHIO	Zip 44240

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
ENTRY ONE ☐ 4. Sculpture ☒ 5. Electric ☐ 6. Crafts

Medium or Materials

Mixed media

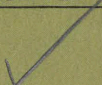
Title

THE BRAIN

DO NOT WRITE IN THIS SECTION

1 (5)

ACCEPTED



REJECTED



1973 MAY SHOW

Notification of Acceptance or Rejection

MICHAEL R. MAYOCK

Type or print name of artist

This is your only receipt to claim your object(s).

This notification will be mailed to you following judging.

Michael Mayock

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
ENTRY TWO ☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Medium or Materials

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

DO NOT DETACH